

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <b>7654</b>	2. Fiscal Year Covered From: <b>1 / 1 / 2004 Through: 12 / 31 / 2004</b>
3. Name and address of person filing. Name <b>David D Crowe</b> P.O. Box, Bldg., Room No., if any Street <b>7997 Clyde Oler Rd.</b> City <b>Greens Fork</b> State <b>Indiana</b> ZIP Code +4 <b>47345</b>	4. Name, file number, and address of labor organization. Name <b>In/Ky Regional Council Of Carpenters</b> Labor Organization File Number <b>050-114</b> P.O. Box, Building and Room Number, if any Street <b>2635 Madison Ave</b> City <b>Indianapolis</b> State <b>Indiana</b> ZIP Code +4 <b>46225</b>
5. Position in labor organization. <b>Senior Millwright Rep</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

Signature

16. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed  On 8/8/05 317-783-1391  
Date Telephone Number

P.O. Box, Bldg., Room No., if any		
Street		11.b. Approximate dollar value of such dealing. <b>VARIES</b>
City		12.a. Nature of interest held or income received. Apprenticeship Graduation Banquet Myself and a Guest
State	ZIP Code + 4	
		12.b. Amount. <b>\$112</b>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any:	
City	
State	ZIP Code + 4
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment.